

**Instructions and Template for Submitting SBRs Related to CR 3376—  
Implementation of §921 of the Medicare Modernization Act (MMA)—  
Provider Customer Service Program**

The implementation of the Provider Customer Service Program (PCSP) requires contractors to perform additional activities above the level of requirements contained in the current manual and future FY05 Budget and Performance Requirements. Funding for the new activities contained in the PCSP will be funded from a separate Medicare Modernization Act implementation budget and not the normal Program Management or Medicare Integrity Program budgets. Contractors are not to include the costs of any new MMA work in their FY05 budget requests.

The need for additional funding to implement all components of the PCSP will be handled through Supplemental Budget Requests (SBRs). All SBRs will be thoroughly reviewed before additional funds are released. Therefore, a contractor shall not assume that the submission of an SBR is a guarantee of additional funds. CMS will act first on those requests that include all of the required information and therefore do not require time to develop the request.

Contractors shall develop and submit all SBRs according to the format below. All SBRs shall be submitted no later than October 8, 2004 (four weeks after release of CR 3376). All SBRs shall be submitted to [ProviderServices@cms.hhs.gov](mailto:ProviderServices@cms.hhs.gov) with a subject line that reads “CR3376 SBR Requests”. CMS will act on the requests no later than November 5, 2004 (eight weeks after release of CR 3376).

If you have any questions while developing your SBRs, please contact Amy Abel-Matkins at 410-786-1858 [aabelmatkins@cms.hhs.gov](mailto:aabelmatkins@cms.hhs.gov) or Joseph Pressley at 410-786-5147 [jpressley@cms.hhs.gov](mailto:jpressley@cms.hhs.gov).

**NOTE:** Contractors shall locate the business requirement(s) below for which they are requesting additional funding and ensure that their request includes the minimum information specified. Contractors requesting funding for more than one business requirement may submit one narrative. That narrative, however, should be organized in a way that allows CMS to trace each funding request back to a specific business requirement(s).

**General Information**

All requests must contain the following basic information:

Contractor Name  
Contractor Number  
Call Center Location(s)  
Program Served (Part A, B or DMERC)

Number of CSRs as of 10/1/04 (separate by call center if you have more than one)  
Blended or Dedicated call center as of 10/1/04  
Number of Provider Communications Staff right now

### **Category A--Provider Self Service**

#### **Requirements:**

1. Contractors shall improve the quality and number of self-service options for Medicare providers. (BR 3376.1)
2. Contractors shall maintain interactive voice response units (IVRs) that, at a minimum, provide information about claims status, beneficiary eligibility, and at least the top 100 remittance advice code definitions, as well as helpful information to assist providers resolve issues that can be automated. Eligibility inquiries must meet the privacy requirements outlined in the provider desk reference in Chapter 3, section 30, of IOM 100-9. (BR 3376.1.1)

### **Category A Minimum Narrative Requirements**

Contractors who are requesting additional funding to meet the requirements for the IVR must include the following information in their request. Contractors may also provide any additional documentation that supports the request for additional funding.

1. Type of IVR currently being used (make/model)
2. Reason for requested expansion—describe current system's limitations
3. Type of IVR proposed (make/model)
4. Cost of expansion
  - a. Hardware
  - b. Software
  - c. Vendor Support
  - d. Maintenance Contract
5. Additional features that may be gained from expansion
6. Estimated monthly number of calls that will be redirected to self service options

### **Category B--Provider Contact Center**

#### **Requirements:**

1. The Provider Contact Center (PCC) shall be staffed with individuals who are dedicated to respond to provider inquiries. (BR 3376.2.2)
2. Contractors shall organize their dedicated provider telephone CSRs into at least two levels to handle questions of varying complexity. Using a triage mechanism, the contact center shall route the inquiries to the system or person best equipped to respond, with a minimal degree of transfer. Contractors may use technology to intelligently route callers to the appropriate level of CSR. (BR 3376.2.4)
3. First level CSRs shall answer a wide range of basic questions that cannot be answered by the IVR or other interactive self-service technology. At a minimum, first level CSRs shall handle questions that do not require substantial research and easily can be answered during the initial call. (BR 3376.2.4.1)
4. Second level CSRs shall have more experience and expertise enabling them to answer more complex questions. These questions may include telephone inquiries concerning local coverage determinations not requiring referral to medical review, calls resulting in the need for simple claims adjustments that can

- be handled by telephone CSRs, or dissatisfied callers who have require a higher level of service. Inquiries that require additional time or a yet higher degree of expertise and/or research shall be referred to the Provider Relations Research Specialists (PRRS). (BR 3376.2.4.2)
5. Although it is preferable that providers not be limited in the number of inquiries they make during a single call, contractor may limit the number of inquiries but shall allow a minimum of three inquiries per call, whether they are answered by level one CSRs, level two CSRs, or a combination of both levels of CSRs. (BR 3376.2.4.3)
  6. Contractors shall monitor a total of 5 calls per CSR per month for QCM purposes. The calls monitored shall be randomly selected and of the type that the level typically handles. All CSRs, regardless of level, shall meet the following quality standards:
    - Knowledge Skills Assessment standard of 93% per quarter for all CSRs, but no less than 85% in any given month.
    - Adherence to Privacy Act standard for 93% per quarter for all CSRs, but no less than 85% in any given month.
    - Customer Skills Assessment standard of 93% per quarter for all CSRs, but no less than 85% in any given month. (BR 3376.2.4.4)

#### **Category B Minimum Narrative Requirements**

Contractors who are requesting additional funding to meet the requirements for the PCC must include the following information in their request. Contractors may also provide any additional documentation that supports the request for additional funding.

1. Number of CSRs currently handling provider telephone inquiries
2. Average number of calls handled per month (IVR and CSR)
3. Average number of calls handled per CSR
4. Number of dedicated CSRs needed
5. Estimated monthly number of calls that will be redirected to self service options
6. Justification for an increase of staff (includes any additional staff for the contact center (CSRs, reviewers, supervisors etc.))

#### **Category C--Provider Written Inquiries**

Requirements:

1. All provider general written inquiries shall be answered within 45 business days. Contractors shall develop triage mechanisms to quickly identify those complex inquiries needing referral to the PRRS. (BR 3376.2.5)
2. For those written inquiries that cannot be answered in final within 45 business days, contractors shall issue an interim response within 45 business days explaining the reason for the delay. Acceptable reasons for an interim response include referral to CMS (regional office or central office), a shared systems maintainer, or other non-contractor entity. Interim responses shall not comprise more than 5% of all written responses (general responses and PRRS responses). (BR 3376.2.5.1)

3. Where an interim response has been sent within the 45-business day period, final responses shall be issued within 5 business days of receipt of the information necessary to complete the response. (BR 3376.2.5.1.1)
4. The 45-business day timeframe shall begin the day the inquiry is originally received and date-stamped by the contractor and ends the day the contractor sends the response from the mailroom. (BR 3376.2.5.2)
5. Quality of Written Correspondence (QWCM) standards shall apply to both the general written inquiries and PRRS responses. The QWCM standards will be released once the tool is available for general contractor use and is projected to be released no later than April 1, 2005. (BR 3376.2.7)

### **Category C Minimum Narrative Requirements**

Contractors who are requesting additional funding to meet the requirements for the provider written inquiries requirements must include the following information in their request. Contractors may also provide any additional documentation that supports the request for additional funding.

1. Current organizational structure of provider written inquiries unit
2. Planned organizational structure of provider written inquiries unit
3. Number of staff currently handling provider written inquiries
4. Average number of written inquiries handled per month
5. Average number of written inquiries handled per correspondent
6. Justification for an increase of staff (includes any additional staff for the contact center (correspondents, reviewers, supervisors etc.))

### **Category D--Provider Relations Research Specialists**

Requirements:

1. Contractors shall have Provider Relations Research Specialists (PRRS). The PRRS shall be staffed and designed to answer questions beyond the expertise of the CSRs or general written inquiry staff and requiring more time to adequately research the issue. (BR 3376.2.6)
2. The PRRS staff shall provide clear and accurate written answers within 10 business days for at least 75 percent of cases referred by the telephone CSRs, 20 business days for 90 percent of cases referred by the telephone CSRs, and 45 business days for 100% of all cases (referred by telephone CSR or from the general inquiries area). (BR 3376.2.6.3)
3. For those complex inquiries, both telephone and written, that cannot be answered in final within 45 business days, contractors shall issue an interim response within 45 business days explaining the reason for the delay. Interim responses shall not comprise more than 5% of all written responses (general written inquiries and PRRS responses). Final responses shall be issued within 5 business days of receipt of the information necessary to complete the response. (BR 3376.2.6.3.2)
4. The PRRS shall include at least one certified coder to ensure adequate coding expertise for this function. (BR 3376.2.6.4)

5. PRRS answers shall be considered for provider job aids enabling CSRs to answer similar inquiries in the future. Job aids should serve as talking points for CSRs. Contractors shall submit PRRS-generated job aids to CMS, on a monthly basis, to [ProviderServices@cms.hhs.gov](mailto:ProviderServices@cms.hhs.gov). (BR 3376.2.6.5)
6. In addition to responding to complex inquiries, the PRRS shall serve as the point of contact for Medicare Advantage (MA) plans about Medicare program coordination issues. (BR 3376.2.6.6)

#### **Category D Minimum Narrative Requirements**

Contractors who are requesting additional funding to meet the requirements for the PRRS function must include the following information in their request. Contractors may also provide any additional documentation that supports the request for additional funding.

1. Planned organizational structure of the PRRS
2. Justification for an increase of staff (includes any additional staff for the contact center (correspondents, reviewers, supervisors etc.)

#### **Category E--Inquiry Tracking System**

Requirements:

1. Contractors shall maintain a tracking and reporting system that identifies: the type of inquiry (telephone, letter, e-mail, etc.); the person responsible for answering the provider inquiry (by name or other unique identifier); category of the inquiry using CMS-provided categories (specified in a subsequent instruction); the disposition of the inquiry, including referral to other PCSP areas or areas elsewhere at the contractor (e.g. appeals, medical review, MSP, etc.); and the timeliness of the response. (BR 3376.2.8)
2. Data from the tracking system shall be used to analyze the number and types of inquiries in order to generate FAQs to be posted on the website, identify areas for telephone CSR training, and identify areas for broader provider education. The tracking system shall be used to generate quarterly reports for CMS use, such as those needed to meet the PSP/QAR reporting requirements. (BR 3376.2.8.2)

#### **Category E Minimum Narrative Requirements**

Contractors who are requesting additional funding to meet the requirements for the inquiry tracking system must include the following information in their request. Contractors may also provide any additional documentation that supports the request for additional funding.

1. Current inquiry tracking process used
2. Detailed plan for new inquiry tracking system
3. Cost of new tracking system
  - a. Hardware
  - b. Software
  - c. Vendor Support
  - d. Maintenance Contract

### **Category F--Provider Outreach and Education—Outreach and Education Activities**

#### **Requirements:**

1. Contractors shall offer expanded provider outreach and education regarding billing, coding, and other appropriate items. All contractors shall ensure that all educational materials are clear, accurate, and have little room for provider interpretation. (BR 3376.3)
2. Medicare contractors shall tailor education to small providers. The Law defines small providers as providers with fewer than 25 full time equivalents or suppliers with fewer than 10 full time equivalents. Contractors shall not be required to identify and validate providers meeting the definition of small provider. (BR 3376.3.2)
3. By April 1, 2005, contractors shall offer to all providers at least 2 educational programs tailored to the needs of the small providers/suppliers in their jurisdiction. Thereafter, contractors shall offer at least one educational event tailored to small providers per quarter with a minimum total of 6 events per fiscal year (therefore some quarters will have more than one event). (BR 3376.3.2.1)
4. Education and training of small providers may include the provision of technical assistance (such as review of billing systems and internal controls to determine program compliance and to suggest more efficient and effective means of achieving such compliance.) For those contractors who choose to offer technical assistance, it must be offered at no cost to the provider, and it does not need to be a face-to-face activity. (BR 3376.3.2.2)
5. Contractors shall-organize toll-free “Ask the Contractor” Teleconferences (ACT) to complement, but not replace, the work of the PCOM Advisory Group(s). (BR 3376.3.4)
6. Contractors shall evaluate and analyze their Comprehensive Error Rate data, specifically the Provider Compliance Error Rate. Using the data analysis, the contractor shall design and implement a provider education methodology that leads to a reduction in the claims error rate. (BR 3376.3.5)

### **Category F Minimum Narrative Requirements**

Contractors who are requesting additional funding to meet the requirements for Provider Outreach and Education must include the following information in their request.

Contractors may also provide any additional documentation that supports the request for additional funding.

1. Current organizational structure of the provider outreach and education unit
2. Planned organizational structure of the provider outreach and education unit
3. Number of staff currently handling provider education
4. Justification for an increase of staff (includes any additional staff for the contact center (correspondents, reviewers, supervisors etc.)
5. Plans (if any) for performing small provider technical assistance
6. Plans for organizing “Ask the Contractor” Teleconferences
7. Plans to reduce the Provider Compliance Error Rate

### **Category G--Provider Outreach and Education—Internet**

#### **Requirements:**

1. The contractor shall assign a Webmaster responsible for maintaining and updating the provider outreach portions of the contractor's website in a timely manner. (BR 3376.1.4)
2. Contractors shall expand their use of the Internet for education activities. By January 1, 2005, all contractors shall have at least one Internet educational offering and offer at least one per quarter thereafter with a minimum total of 6 events per fiscal year (therefore some quarters will have more than one event). (BR 3376.3.3)
3. Contractors shall find solutions for providers who lack Internet access and demonstrate a need for such solutions (e.g. host sites for Web-based training, faxed materials, CD-ROMs, mailed paper copies of materials). Contractors may charge providers modest amounts to defray the expenses associated with making such solutions available, such as printing & postage. (BR 3376.3.3.2)

### **Minimum Narrative Requirements**

Contractors who are requesting additional funding to meet the requirements for Provider Outreach and Education - Internet must include the following information in their request. Contractors may also provide any additional documentation that supports the request for additional funding.

1. Planned enhancements to the provider outreach and education website
2. Costs related to website enhancement (software, etc.)
3. Justification for an increase of staff (includes any additional staff for the contact center (correspondents, reviewers, supervisors etc.))